Objective Based Allocations

The Previous Method of Determining Budget Allocations

Individuals with similar needs received varying levels of service due to a subjective evaluation of needs that hinged on key factors:

1. When you requested services?
2. How much money was available at that time?
3. What services were available at that time?
4. How were needs represented and documented?

For many individuals, the subjective budget "locked" them into a budget. Individuals whose needs changed did not necessarily see proportionate changes in their budgets. Individuals whose needs lessened maintained higher budgets while those whose needs increased saw little or no change in their budget from year to year.

Shared staffing was not widely utilized. Three individuals living separately with 24 hr residential staffing had budgets of $170,995.20 each for a total of $512,985.60. By living together and sharing residential staffing twelve hours per day. The total house budget would be $341,990.40. Shared staffing and housemates also decrease individual living expenses such as rent and utilities.

There was little to no focus on behavior management or community integration. Individuals with problem behaviors or compulsions may have viewed behavior supports as deductions from residential habilitation based services. Individuals with behavior needs may not have received adequate supports to address the root of behavior problems. Individuals were often afforded no or limited opportunity for community integration.

Community Integration via Day Service includes community habilitation, employment and pre-employment, music therapy, and other needed services.

Development of the Objective Based Allocation Method (OBA)

- In 2007, DDRS and a group of advocates, providers, and industry professionals began the research and development of an objective based allocation method. External partners included representatives from the ARC, INARF, INABC, Milliman, and IPMG
- Development strategy included baseline research, provider cost reporting, modeling, assessment validation, pilots, and best practices. Modeling was used to determine the parameters for Algorithm development (ALGOs)

ICAP Assessment & ALGO Development

- The nationally recognized Inventory for Client and Agency Planning (ICAP) was selected to be the primary tool for individual assessment.
- The ICAP assessment determines an individual's level of functioning for Broad Independence and General Maladaptive Factors. The ICAP Addendum, commonly referred to as the Behavior and Health Factors, determines an individual's level of functioning on behavior and health factors.
- These two assessments determine an individual's overall ALGO level which can range from 0-6. ALGOs 0 & 6 are considered to be the outliers representing those who are the highest on both ends of the functioning spectrum.
- The Objective Based Allocation (OBA) is determined by combining the Overall ALGO (determined by the ICAP and ICAP addendum), Age, Employment, and Living Arrangement
- The Stakeholder Group which included the aforementioned external partners designed a building block grid to build the allocations. The building block grid was developed with the following tenets playing key roles: Focus on Daytime Programming; Employment; Community Integration; and Housemates

Assessment (Algo) Level Descriptors

Level	Descriptor
0 Low	**High level of independence (Few Supports needed). No significant behavioral issues. Requires minimal Residential Habilitation Services.**
1 Basic	**Moderately high level of independence (Limited supports needed). Behavioral needs, if any, can be met with medication or informal direction by caregivers (through the use of Medicaid state plan services). Although there is likely a need for day programming and light Residential Habilitation Services to assist with certain tasks, the client can be unsupervised for much of the day and night.**
2 Regular	**Moderate level of independence (Frequent supports needed). Behavioral needs, if any, met through medication and/or light therapy (every one to two weeks). Does not require 24-hour supervision – generally able to sleep unsupervised – but needs structure and routine throughout the day.**
3 Moderate	**Requires full-time supervision (24/7 staff availability) for medical and/or behavioral needs. Behavioral and medical supports are not generally intense and can be provided in a shared staffing setting**
4 High	**Requires full-time supervision (24/7 frequent and regular staff interaction, require line of sight) for medical and/or behavioral needs. Needs are moderately intense, but can still generally be provided in a shared setting.**
5 Intensive	**Requires full-time supervision (24/7 absolute line of sight support). Needs are intense and require the full attention of a caregiver (1:1 staff to individual ratio). Typically, this level of services is generally only needed by those with intense behaviors (not medical needs alone).**
6 High Intensive	**Requires full-time supervision (24/7 more than 1:1). Needs are exceptional and for at least part of each day require more than one caregiver exclusively devoted to the client. There is imminent risk of individual harming self and/or others without vigilant supervision.**

OBA Services Hours

Individual RHS Daily Hours	Algo 0	Algo 1	Algo 2	Algo 3	Algo 4	Algo 5
Living with Family	0.2	2	3	4	5	6
Living Alone	0.2	2.6	6	9	11.7	21
Living with One Housemate	0.2	2.6	5.3	7.8	11	12
Living with Two Housemates	0.2	2.6	4.6	7.8	10.1	11
Living with Three Housemates	0.2	2.4	4.3	7.3	9.4	10
BMAN Reserve (Annual hrs)	0	0	36	72	108	144
Day Service Reserve ($/Yr)						
Not Attending School	$10,500	$10,500	$10,500	$10,500	$10,500	$18,000
Attending School or under 19yrs.	$5,500	$5,500	$5,500	$5,500	$5,500	$5,500

Implementation of Objective Based Allocations

- Individuals will receive their new OBA on their annual renewal date. The first group will be the January 1st population. Over the course of 12 months, all waiver participants will be transitioned to an OBA when their waiver is up for annual renewal.
- Allocations will receive a pre-release review focusing on individuals whose allocations drop or increase significantly from their previous cost comparison budget.
- Training on the OBA can be found on FSSA website at http://www.in.gov/fssa/ddrs/4194.htm

PAR Review & the Appeal Process

- An individual support team may request a PAR (Personal Allocation Review) through the Case Manager via BRQ (Budget Review Questionnaire). The BRQ states the reason for allocation review; i.e. ALGO level is incorrect; ICAP assessment has significant error; ICAP Addendum (Behavior and Health Factors) are incorrect; living arrangement is incorrect; etc. The BRQ is submitted to the district BDDS office for review and then submitted to the PARS unit for a PAR review.
- If an individual has not received their BRQ results back prior to the new plan start date, the case manager may request a BMR monthly until the BRQ results are completed by the PAR unit.
- The PAR reviewer will notify the case manager of any change in ALGO or allocation based on their review.

  If the individual support team is unhappy with the PAR review, or wishes to appeal without a PAR review, they may appeal one or more of the OBA components after their NOA (Notice of

Action) has been generated: The ICAP Assessment; ICAP Addendum (Behavior and Health Factors) are incorrect; or Living Arrangement.

- To generate a NOA, a CCB must be submitted at the allocation level or the IST cannot submit a CCB and a default CCB will generate the NOA.
- To continue services at the previous year's service level, the team must request a BMR using the "oba xfer" category as the qualifier.

The appeal process, which has not changed with the OBA, is located on the back pages of the NOA and is stated below:

The Right to Appeal and Have a Fair Hearing:

If your application or service is denied, you may file an appeal within 30 days of the decision date shown on this notice. The time limit for filing an appeal is extended by 3 days if this notice is received by mail. Your Home and Community Based Services (HCBS) benefits will continue if you file an appeal within the required time frame of the decision notice. If you appeal and your benefits are continued and you lose the appeal, you may be required to repay assistance paid in your behalf pending the release of the appeal hearing.

How to Request an Appeal:

1) If you wish to appeal this decision, you may request an appeal within 30 days of the date of this notice. The time limit for filing an appeal is extended by 3 days if this notice is received by mail. To file an appeal, please sign, date and return the Hearings & Appeals copy of this form to:

   Office of Hearings and Appeals
   MS 04
   402 W. Washington St. Room E-304
   Indianapolis, IN 46204

   If you are unable to sign, date, and return this form to the above mentioned address, you may have someone assist you in requesting the appeal.

2) You will be notified in writing by the Indiana Family and Social Services Administration, Hearings and Appeals office of the date, time, and location for the hearing. Prior to, or at the hearing, you have the right to examine the entire contents of your case record maintained by the Case Manager.

3) You may represent yourself at the hearing or you may authorize a person to represent you, such as an attorney, relative or other spokesperson. At the hearing you will have full opportunity to bring witnesses, establish all pertinent facts and circumstances advance any arguments with interference and question, or refute any testimony or evidence presented.